

Ronald OCASIO D# 94A5445
Green Haven Correctional Facility
594 Route 216
Stormville, NY 12582

Clerks' Office
U.S. District Court
Southern District Court of New York
U.S. Courthouses
500 Pearl Street
New York, NY 10007

In Re: Ronald OCASIO v. United States,
95 CR. 942 (DAB)

Sub: Motion Status

December 8, 2020

Dear Court Clerk:

I am the petitioner in the aforementioned case and I am inquiring into the status of the 18 U.S.C. § 2255 motion I filed with this court on November 27, 2020 (see attachment).

Thank you for your attention in this matter. I remain.

Respectfully,



Ronald OCASIO

cc: File

Ronald OCASIO DIN: 94A5445
Green Haven Correctional Facility
594 Route 216
Stormville, NY 12582

U.S. District Court
Southern District of New York
U.S. Courthouse, Pro Se Intake Unit
500 Pearl Street
New York, NY 10007

In Re: Ronald OCASIO v. United States,
95 CR. 942 (DAB); 2nd Cir. Docket 19-487

Sub: Submission of 18 U.S.C. § 2255 Motion

November 27, 2020

Dear Court Clerk:

In accordance with the 2nd Circuit Court of Appeals's order granting me permission to file a second or successive 18 U.S.C. § 2255, I submit the enclosed motion for filing with this court. Please notify me in writing as to the filing date.

Thank you for your attention in this matter. I remain.

Respectfully,

R. Ocas
Ronald OCASIO

cc: File

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

CELL LOCATION

NAME *Ronald L. Goss* DATE *12/14/20* 20 *27*CODE TYPE

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INMATE NUMBER

9	4	7	1	5	2	9	7
---	---	---	---	---	---	---	---

"SHORT NAME"

9	4	7	1	5
---	---	---	---	---

FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER

9	4	7	1	5	2	9	7
---	---	---	---	---	---	---	---

RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP

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AMOUNT \$

9	4	7	1	5	2	9	7
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SENT TO CODE
(SEE TABLE B-6)

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ITEM
DESCRIPTION

LAST NAME

FIRST NAME

MI

SUFF

SENT TO OR
PURCHASE FROM

ADDRESS

APT. NO.

CITY

STATE

ZIP CODE

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.APPROVED *[Signature]* DATE *12/14/20*
(SOURCE AREA)APPROVED *[Signature]* DATE *12/14/20*
(BUSINESS OFFICE)

FORM 2706 (7/11) Original - Business Office Yellow - Approving Office Pink - Inmate

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUEST

CELL LOCATION

NAME *Ronald L. Goss* DATE *12/14/20* 20 *27*CODE TYPE

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INMATE NUMBER

9	4	7	1	5	2	9	7
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"SHORT NAME"

9	4	7	1	5
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FIRST INITIAL
FIRST 3 OF LAST NAME

CHECK/ORDER NUMBER

8	9	1	3	5	7	9	7
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RIGHT ADJUSTED WITH LEADING ZEROS

COMMISSARY PRODUCT GROUP

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AMOUNT \$

9	4	7	1	5	2	9	7
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SENT TO CODE
(SEE TABLE B-6)

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(BUSINESS OFFICE)

FORM 2706 (7/11)

Original - Business Office

Yellow - Approving Office

Pink - Inmate

(INMATE SIGNATURE)

GREEN HAVEN CORRECTIONAL FACILITY
P.O. BOX 4000
STORMVILLE, NEW YORK 12582-4000

NAME: Ronald Ocasio RECEIVED
BIN: 97A5445

DEC 14 PM 2:43
2020
USM P B K'S OFFICE
S.D.N.Y.

Criminal
Docketing
LEGAL MAIL
JKR

USM
SDNY
CLERK'S OFFICE
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE
500 PEARL STREET
NEW YORK, N.Y., 10007



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12/09/2020
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